

Kane County School District

Hiring Authorization

Name of School:	Name of Position:
Is it a new position? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, who held this position previously? Previous employee's resignation date?
CERTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/>	Step? Lane?
CLASSIFIED Hours per day this position will require: Starting and ending hours: to	Starting wage/salary: Benefits included: Yes <input type="checkbox"/> No <input type="checkbox"/>

Attachments

- If this is not a new position, attach a signed resignation form from the previous employee, include their termination date.*
- Attach a complete job description; include specific requirements unique to this position.*
- Attach a copy of your screening document. Screening document must relate to information that comes from a completed Kane County School District Application Form.*
- Attach the interview questions and interview rating document. The interview questions must relate directly to the position.*

Signature of Principal/Supervisor:	Date:
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Funding/Budget Approved by:	Date:
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District Authorization to Hire – Superintendent Signature:	Date:
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Screening or Hiring Committee Members:

Community Council Member		

Special Instructions (advertising content, closing date for applications, etc):